Iowa Department of Transportation NONCOMPLIANCE NOTICE

Contractor	Project No		
County	Accounting ID No.	Date	Time
To:	(Title))	(Signature)
(Name)	(Title))	(Signature)
	ed that the following observation and/or		
and is a violation of Article	e		
The lest data value is			
and the specification limit	s are		
Additional tests may	pe performed.		
The violation identified	ed in this notice shall be ceased and/ replacement of materials, including labo		
You are to determine	corrective action necessary.		
You are to determine refute this failing test.	if you wish to discontinue operations u	until the violation is correc	cted or additional tests confirm or
Remarks:			
Correction:			
	Sig	ned:	Inspector